

Director's Signature: C. Salem

Time Log/Program / Area: 2048-Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: May 8, 2010

Employee Name:		Sunday 05/02/10	Monday 05/03/10	Tuesday 05/04/10	Wednesday 05/05/10	Thursday 05/06/10	Friday 05/07/10	Saturday 05/08/10
Corbett,Kate <i>Kate Corbett</i> 45161000	Day: In - Out			6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To				8:40 11:30			
Employee Signature		SIC 7.5 ✓						
Document exceptions or comments, indicate type and amount.		SUSPENSE SUP						
Dookhan,Annie <i>Annie Dookhan</i> 45161000	Day: In - Out		6:45 4:00	6:45 4:15	6:45 4:00	6:45 4:15	6:45 4:00	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			9:50 11:45	8:40 11:30			
Document exceptions or comments, indicate type and amount.		OT 1.25 ✓ Middlesex Service OT 1.50 ✓ 1.25 OT ✓ OT 1.50 ✓ OT 1.25						
Feiden, Stacey <i>Stacey Feiden</i> 8100-9745	Day: In - Out		8:20 4:20	6:55 2:55	6:55 1:55	8:00 4:00	8:10 4:10	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.		1.0 SIC ✓						
Frasca,Daniela <i>Daniela Frasca</i> 45161000	Day: In - Out		7:00 3:00	6:45 2:45	7:00 3:00	6:45 2:45	7:00 3:00	
	Lunch: Out - In		1:05 1:35	1:15 1:45	1:05 1:35	1:05 1:35	1:15 1:45	
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								

Director's Signature: C. Klein

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Employee Name:		Sunday 05/02/10	Monday 05/03/10	Tuesday 05/04/10	Wednesday 05/05/10	Thursday 05/06/10	Friday 05/07/10	Saturday 05/08/10
Glazer, Lisa 45161000 <i>Glazer</i> Employee Signature	Day: In - Out		6:45 2:45	6:45 4:08	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		12:00 12:30		12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			Malden District 10:50am - 4:00				
Document exceptions or comments, indicate type and amount.				1:25 hr ✓ comp earned				OT 6hrs ✓
Lawler, Michael 45161000 <i>Lawler</i> Employee Signature	Day: In - Out		800 400	815 520	800 500	806 515	750 630	650 680
	Lunch: Out - In		130 200	145 215	215 245	130 200	150 330	1230 100
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				OT 1:0 ✓	OT 1:0 ✓	OT 1:25 ✓	OT 1:0 ✓	OT 9:0 ✓
Medina, Nicole 45161000 <i>CB5</i> Employee Signature	Day: In - Out		7:45 3:45	7:50 3:50	7:50 3:50	7:50 3:50	8:15 2:15	
	Lunch: Out - In		12 12:30	12 12:30	12 12:30	12 12:30		
	Outside Duty: From - To						9:10 7:00	
Document exceptions or comments, indicate type and amount.							New Bedford District 1:5 SIC ✓	
O'Brien, Elisabeth 45161000 <i>E. O'Brien</i> Employee Signature	Day: In - Out		7:50 1:50		7:30 5:00	7:35 2:35	7:45 3:15	
	Lunch: Out - In		—		11:30 12:00	11:30 12:00	12 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				SIC 5:0 ✓ SIC 6:5 ✓			CUM 0:5 ✓	

Director's Signature: C. Salom

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Philips, Gloria 45161000 <i>Gloria Philips</i>	Day: In - Out		8:30	4:30				
	Lunch: Out - In		12:00	12:30				
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				CNT 7.5	CNT 7.5	VAC 7.5	VAC 7.5	
Piro, Peter 45161000 <i>Peter Piro</i>	Day: In - Out		7:08 3:00	7:15 6:15	7:15 6:45	7:45 1:45		6:45 4:15
	Lunch: Out - In		12 12:30	12 12:30	12 12:45	11:15		12 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				OT 3.00	OT 3.5	VAC 1.5	Pers 7.5	OT 9.0
Renczkowski, Daniel 45161000 <i>D. Renczkowski</i>	Day: In - Out		10:45 2:45	6:45 5:30	6:45 2:00	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		1:00 1:20	1:00 1:30	1:00 1:30	1:00 1:30	1:00 1:30	1:00 1:30
	Outside Duty: From - To			maiden Dist 1:00 5:30				
Document exceptions or comments, indicate type and amount.				Comp earnech 2.75 hr	Comp used 0.75 hr			OT 7.5 hr
Saunders, Della 45161000 <i>Della Saunders</i>	Day: In - Out		6:45 6:00	6:45 1:45	6:45 2:45	6:45 2:05	6:45 2:45	6:45 2:45
	Lunch: Out - In		1:35 2:05	1:30 2:00	1:35 1:55		12:00 12:30	1:15 1:45
	Outside Duty: From - To			9:50 11:45		9:10 10:00		
Document exceptions or comments, indicate type and amount.				OT 3.05 hrs	Middlesex Superior OT 4 hrs	New Bedford Dist		OT 7.5

Director's Signature:

C. Halemo

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Sprague, Shirley 45161000 <i>Shirley Sprague</i> Employee Signature	Day: In - Out		1100 400	900 500	1200 700	853 500	900 12	
	Lunch: Out - In			100 130		100 130		
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.		2.5 VAC			2.5 VAC		3.5 VAC	
Tan, Zhi 45161000 <i>Zhi</i> Employee Signature	Day: In - Out		6:45 5:45	6:45 5:45	6:45 6:00	6:45 6:00	6:45 6:00	6:45 4:45
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.		OT. 3.0	OT. 3.0	OT. 3.0	OT. 3.0	OT. 3.0	OT. 3.0	OT. 3.0
Tran, Mai 45161000 <i>Mai</i> Employee Signature	Day: In - Out		7:30 145		7:30 130	7:45 3		
	Lunch: Out - In					11:30 12		
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

I spoke with Jennifer Gilbert,
Shirley Sprague was credited
3.5 hr VAC for 5/7/10 after shift.

MISTAKE
needs to be emailed,

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 5/8/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant backlog of samples

Overtime is to be: paid at OT rate added to comp time balance
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: Chalem

Date: 5/5/10

Department Head: Julianne Karsch

Date: 5/5/10

Denial reason:

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Lisa Glazer	314719	7.5 hrs	Zhi Tan	148724	9.0 hrs
Michael Lawrie	120459	9.0 hrs			
Maile Mealin	385766	7.5 hrs			
Peter Preo	138124	9.0 hrs			
Daniel Puszynski	297673	9.0 hrs			
Della Squires	147387	7.5 hrs			